

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16495**
2263

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 20 Years		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				e. STREET ADDRESS (If rural, give location) Sophian Plaza 4618 Warwick Blvd. 3668			
3. NAME OF DECEASED (Type or Print) a. (First) Genevieve b. (Middle) H. c. (Last) Mellier			4. DATE OF DEATH (Month) (Day) (Year) May 21, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 4, 1886	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home Hooker		10b. KIND OF BUSINESS OR INDUSTRY None Unknown		11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles Hooker		13b. MOTHER'S MAIDEN NAME Alice Unknown		14. NAME OF HUSBAND Mabry Mellier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William N. Andrews, Jr. Cincinnati			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis				4 mos.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the Pancreas				4 mos.			
DUE TO (c) _____				157 X			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerosis, Generalized				9 years			
19a. DATE OF OPERATION Feb. 23 '56		19b. MAJOR FINDINGS OF OPERATION Carcinoma of the Pancreas.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1, 1950 , to May 21, 1956 , that I last saw the deceased alive on May 21, 1956 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Arnold V. Arms MD (Degree or title)				23b. ADDRESS 4635 Wyandotte 7. City Mo		23c. DATE SIGNED 5-22-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 23, 1956	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) (State) Newport Kentucky		
DATE REC'D BY LOCAL REG. 5-23-56		REGISTRAR'S SIGNATURE Neval Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Und.Co. 3235 Gilliam Plaza Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Eugene L. Korman

Licensed Embalmer No. 463

P. O. Address..... Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.